	in this information to btor 1	Cruz Ariel L									
	btor 2					_					
	. 0,	cy Court for the	: WESTERN DISTRIC	Γ OF MICHIGAN							
	se number 17-(-		_	Check if		filing				
Ì							☐ A sup	pplemen	it showing	g postpetition	
0	fficial Form	106I						DD/ YY		llowing date:	
	chedule I: \		ome				IVIIVI /	וז /טט/ וז	11		12/15
atta	ch a separate shee	t to this form.	r spouse is not filing w On the top of any additi	onal pages, write yo			d case numb	ber (if kr	nown). A	nswer every	
	information.			Debtor 1			_	Debtor 2 or non-filing spouse			
	If you have more the attach a separate properties information about a	page with	Employment status	■ Employed□ Not employed				☐ Employed ☐ Not employed			
	employers.		Occupation	Construction							
	Include part-time, s self-employed wor		Employer's name	Design First Builders							
	Occupation may in or homemaker, if it		Employer's address	1201 Norwood Itasca, IL 60143							
			How long employed t	here? 5 Mont	ths						
Pai	rt 2: Give Deta	ails About Mor	nthly Income								
	imate monthly inco		ate you file this form. If	you have nothing to r	report for	any	line, write \$0) in the s	pace. Inc	lude your noi	n-filing
	ou or your non-filing s e space, attach a se		ore than one employer, co	ombine the information	on for all	empl	oyers for that	t person	on the lir	nes below. If	you need
							For Debtor	r 1		otor 2 or ng spouse	
2.			ry, and commissions (b calculate what the month		2.	\$	3,79	1.67	\$	N/A	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross I	ncome. Add lir	ne 2 + line 3.		4.	\$	3,791.6	67	\$	N/A	

Debtor 1 Cruz Ariel Leal, Jr.		Cruz Ariel Leal, Jr.	_	Cas	e number (if known)	17-00982		
				Fo	or Debtor 1		tor 2 or	
	Con	vy line 4 hore	4.	\$	2 704 67	non-filir \$	ng spouse	
	Cop	y line 4 here	4.	Φ_	3,791.67	Φ	N/A	_
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	778.85	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	_
	5e.	Insurance	5e.	\$_	0.00	\$	N/A	_
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.	\$ \$	0.00	\$	N/A N/A	_
	5g. 5h.	Other deductions. Specify:	5g. 5h		0.00	· · · · · · · · · · · · · · · · · · ·	N/A	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	778.85	\$	N/A	_
			7.	Ψ - \$		\$ \$		_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	Φ_	3,012.82	Φ	N/A	<u>-</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business,						
	oa.	profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	1,900.00	\$	N/A	
	8b.	Interest and dividends	8b.	Ψ- \$	0.00	\$	N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent		Ψ-	0.00	—	14/1	<u> </u>
		regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	φ \$	0.00	\$	N/A N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	_
	8f.	Other government assistance that you regularly receive		· -		·		<u> </u>
		Include cash assistance and the value (if known) of any non-cash assistance)					
		that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	N/A	_
	8h.	Other monthly income. Specify:	8h	+ \$ ⁻	0.00	+ \$	N/A	<u> </u>
_	A	all other income. Add lines On Oh On Oh On Oh On Oh	0	Φ.	4 000 00	Φ.	N/	•
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,900.00	\$	N//	A
10	Cale	culate monthly income. Add line 7 + line 9.	10. \$		4.912.82 + \$		(A) C	4 042 02
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	то. Б		4,912.82 + \$	IN.	/A = \$ _	4,912.82
4.4			, L					
11.		e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your		dent	s. vour roommates	s. and		
		er friends or relatives.			-, ,	-,		
		not include any amounts already included in lines 2-10 or amounts that are not	availal	ole to	pay expenses list			0.00
	Spe	СПУ:					l1. + \$	0.00
12.	Add	the amount in the last column of line 10 to the amount in line 11. The res	ult is t	he co	mbined monthly in	ncome.		
	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certai				a, if it	10 ¢	4 042 92
	appl	ies					12. \$	4,912.82
							Combi	
12	Do.	you expect an increase or decrease within the year after you file this form	2				monthl	ly income
13.	5 0 y	No.	•					
	_	Yes. Explain:						
		•						

Fill	in this informat	tion to identify ye	our case:					
Deb	tor 1	Cruz Ariel L	eal, Jr.				eck if this is:	
	tor 2 ouse, if filing)							wing postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: WESTE	ERN DISTRICT OF MICHI	GAN		MM / DD / YYYY	
	e number 17	7-00982						
Of	fficial Fo	rm 106J						
		J: Your						12/15
info	ormation. If m		eded, atta	. If two married people an ch another sheet to this n.				
Par	t 1: Descr	ibe Your House	hold					
1.	■ No. Go to	line 2.	in a sonar	ate household?				
	□ No	0	•	al Form 106J-2, <i>Expenses</i>	for Separate House	e <i>hold</i> of Deb	otor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes
								□ No
							_	☐ Yes ☐ No
								☐ Yes
								□ No □ Yes
3.	expenses of	enses include f people other t d your depende	han $_{m \Box}$	No Yes				
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance i cluded it on Schedule I: \			Your exp	enses
4.	The rental o	,		ses for your residence. I	nclude first mortgag	e 4. :	\$	1,356.16
	If not includ	•						
		estate taxes				4a.	\$	0.00
		rty, homeowner'	s, or renter	's insurance		4b.		0.00
		maintenance, re owner's associa		upkeep expenses		4c. 4d.	·	50.00
5.				oominium dues our residence, such as ho	me equity loans	4a. 5.	·	42.00 0.00

Debto	or 1 C	ruz Ariel Leal, Jr.	Case num	ber (if known)	17-00982
6. L	Utilities:				
6	6a. El	ectricity, heat, natural gas	6a.	\$	198.00
6	6b. W	ater, sewer, garbage collection	6b.	\$	60.00
6	Sc. Te	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	235.00
6	6d. Ot	her. Specify:	6d.	\$	0.00
7. F	Food an	d housekeeping supplies		\$	330.00
8. C	Childca	re and children's education costs	8.	\$	0.00
9. C	Clothing	ց, laundry, and dry cleaning	9.	\$	60.00
10. F	Persona	Il care products and services	10.	\$	40.00
		and dental expenses	11.	\$	75.00
		ortation. Include gas, maintenance, bus or train fare.		*	
		nclude car payments.	12.	\$	450.00
13. E	Entertai	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	75.00
4. C	Charitat	ole contributions and religious donations	14.	\$	0.00
5. l ı	nsuran	ce.			
	Do not ir	nclude insurance deducted from your pay or included in lines 4 or 20.			
1	15a. Lif	e insurance	15a.	\$	0.00
1	15b. He	ealth insurance	15b.	\$	0.00
1	15c. Ve	ehicle insurance	15c.	\$	200.00
1	15d. Ot	ther insurance. Specify:	15d.	\$	0.00
6. T	Taxes. [Do not include taxes deducted from your pay or included in lines 4 or 20.		· -	
	Specify:	, , , , , , , , , , , , , , , , , , ,	16.	\$	0.00
7. li	nstallm	ent or lease payments:			
1	17a. Ca	ar payments for Vehicle 1	17a.	\$	0.00
1	17b. Ca	ar payments for Vehicle 2	17b.	\$	0.00
1	17c. Ot	her. Specify:	17c.	\$	0.00
		her. Specify:	17d.	\$	0.00
		yments of alimony, maintenance, and support that you did not report as			
		d from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	· <u> </u>	0.00
	-	ayments you make to support others who do not live with you.		\$	0.00
	Specify:		19.		
		al property expenses not included in lines 4 or 5 of this form or on School			
		ortgages on other property	20a.	·	1,050.00
		eal estate taxes	20b.	·	0.00
2	20c. Pr	operty, homeowner's, or renter's insurance	20c.	\$	0.00
2	20d. Ma	aintenance, repair, and upkeep expenses	20d.	*	50.00
2	20e. Ho	omeowner's association or condominium dues	20e.	\$	0.00
1. C	Other: S	Specify:	21.	+\$	0.00
	0-11-				
		te your monthly expenses		Φ.	4.074.40
		I lines 4 through 21.		\$	4,271.16
2	22b. Cop	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
2	22c. Add	l line 22a and 22b. The result is your monthly expenses.		\$	4,271.16
а с	Calculat	e your monthly net income.			
		opy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,912.82
		ppy your monthly expenses from line 22c above.	23b.	·	4,271.16
_	_00. 00	by your monany expenses from the 220 above.	200.		4,271.10
2	23c. St	ubtract your monthly expenses from your monthly income.			
		ne result is your <i>monthly net income</i> .	23c.	\$	641.66
	_				
		expect an increase or decrease in your expenses within the year after your			or doorooo h
		ple, do you expect to finish paying for your car loan within the year or do you expect you on to the terms of your mortgage?	попдаде	payment to incre	ease or decrease decause of a
		on to the terms of your mortgage:			
	No.	[F			
	☐ Yes.	Explain here:			